

# VSH Governing Body Meeting Minutes

May 17, 2006

<b>Type of meeting:</b>	Oversight
<b>Facilitator:</b>	Paul Blake
<b>Note taker:</b>	Cheryl Goodwin-Abare
<b>Governing Body Members:</b>	Steve Gold; Sharon Moffitt; Paul Blake; Tom Simpatico; Terry Rowe; William Alexander; Bill McMains; Wendy Beinmer
<b>Attendees:</b>	Scott Perry Public: Mike Sabourin; Anne Donahue

**AGENDA TOPICS:** Approval of Minutes from 4/19/06, Executive Director's Report, Medical Director's Report, Other Business.

<b>Discussed: Minutes of the April 19, 2006 and April 28, 2006 Governing Body Meetings were reviewed for approval.</b>	
<b>Conclusion: Minutes Approved</b>	
<b>Action: Bill McMains made a motion to accept the minutes. Steve Gold seconded the motion; all in favor. Minutes approved for 4/19/06 Bill McMains made a motion to accept the minutes. Steve Gold seconded the motion; all in favor. Minutes approved for 4/28/06.</b>	
<b>Person Responsible: N/A</b>	<b>Due Date: N/A</b>
<p><b>Discussed: Executive Director's Report (Terry Rowe)</b></p> <p>Terry handed out the Governing Body injuries and Events Report for April 2006. Terry talked about staff injuries and that there is going to be a partnership arrangement with Buildings and General Services/Lost &amp; Prevention Unit. Terry went over the report showing the number of injuries and actual injury. The data from April shows there were two individual clients that caused a lot of injuries. It was brought up that the census has been very high lately and that overcrowding may impact rates of injury. There are also some employees that are making multiple workers compensation claims. Terry pointed out that this report did not show the first aid injuries which don't require medical services or loss of work.</p> <p>Grievances: Terry pointed out that in April there was a total of four grievances filed. They were all resolved within the 30-day timeframe.</p> <p>There was discussion about the future of the hospital with different options being looked at regarding privatization or state-run. The AHS Secretary has initiated an employee work group, chaired by AHS personnel Chief, to examine options for staff as the VSH transitions to another possible provider and location.</p>	
<b>Conclusion: Terry will follow-up on all above issues.</b>	
<b>Action: Terry will continue to work on all issues addressed.</b>	
<b>Person Responsible: Terry Rowe</b>	<b>Due Date: June 21, 2006</b>

**Discussed: Medical Director's Report (Tom Simpatico)**

**Hiring Update:** Two of three core faculty positions have been approved. Dr. Sharon Satterfield and Dr. Batra have been through the entire process. Dr. Malloy is the other applicant. He is a long-standing staff member of VSH. He also works half-time at Howard Center. He has about a three-week process to go through.

**Pam Fadness** will be starting in July. We are now covered through October.

**PPV's (Preplacement Visits):** Our clients that are on PPV and receive services elsewhere are being contacted regularly. There have been major changes in this area. Our doctors and social workers are keeping track of their clients and their agencies on how they are doing in the community. Tom noted that this communication interaction will be presented in future Governing Body Meetings to let the members know how this is proceeding.

**Seclusions, Restraints and Emergency Involuntary Medications:** Tom handed out a graph on this topic and discussed with the members.

Tom also handed out information that was gathered by Ryan Pierson who became involved with the mental health criminal court this year. The charts covered a ten-year period with an overview of people being involved with the court.

**Conclusions: Representation of Data – More to come in future meetings.**

**Action: Tom will keep everyone updated.**

**Person responsible: Tom Simpatico**

**Due Date: June 21, 2006**

**Discussed: Other Business**

**Doctor Credentialing:** None at this time.

**Board of Health Update:** Licensing and Protection assessed VSH in February, 2006 and determined that VSH met conditions of participation.

Wendy mentioned that there were two changes on the notice of patient rights. The Notice of Patients' Rights was distributed to the Governing Body, attendee, and the public. She discussed the dialogue that occurred between Department of Health representative, Paula DiStabile, VSH, and her legal unit. The Department of Health accepted the Notice of Patients' Rights that was submitted as a part of the hospital's licensing application.

<b><u>UCLA Psycho-social Modules:</u></b> Gradually move some of the existing group activities and replace those.	
<b>Conclusions:</b> N/A	
<b>Action:</b> N/A	
<b>Person responsible:</b> N/A	<b>Due Date:</b> N/A
<p><b>Discussed: Public Comments:</b></p> <p><b>Mike –</b> He would like to have someone outside the hospital investigating data. Patient complaints he believes should be treated as grievances and if they are not they should at least be tracked in some way to show that the hospital is involved.</p> <p><b>Anne –</b> Decision making process on the \$100,000 in capital for improvements – for example expanding the yard space. She also had some questions regarding strip search. She noted that the theft of possessions has had no change at all. Use of restraints for an uncooperative patient. There is nothing that suggests it meets legal criteria – the language does not match the basis for restraints. That it authorizes VSH to take people’s legal possessions and never return them. Injuries – how many are from injury or restraint. Training around involuntary procedures and what seems to be the best practice. Retreat did a fairly extensive analysis of each of types of training and what they focus on and which had strengths in what areas. They presented at FAHC and thought through on what should be adopted in their next contact renewals. The issue comes up frequently about the mix of population and distillation of higher acuity because our rate of hospitalization is a lot lower than most other states. Involuntary procedures – She read the Act 114 report and they had one recommendation around something that hadn’t been done the following year and that was the information taken at intake on crisis response preference be integrated into the team planning so has there been progress on that in terms of respecting the patient choice of de-escalation and also the type of emergency intervention if it’s needed. All workgroups are open to membership. Any member of the Future’s Group who wants to participate - so the idea that only administration and staff as opposed to anybody who wanted to join is the established practice. She asked what the status was on the empty two positions on the Governing Body Board. Paul replied that they have two applicants and the Governor’s office informed us that he would like more choice. She also stated that FAHC patient have longer lengths of stay because of lack of diversion beds. She also brought up that if we do rebuild a 32-bed facility it is based on today it is not based on the future. Act 114 – redefinition of what it means to reduce coercion that is the position VSH has taken. Being at VSH and not having competency and not being able to get out of VSH is coercion and getting somebody out of the hospital and regaining competency is the critical thing to do in order to reduce coercion and involuntary medication may be the route to go in order to reduce coercion.</p>	
<b>Conclusions:</b> N/A	
<b>Action:</b> N/A	
<b>Person responsible:</b> N/A	<b>Due Date:</b> N/A

**Motion to Adjourn – Bill McMains motioned and William Alexander seconded the motion; all in favor.**

**Meeting Adjourned at 3:30 p.m.**